

# **TEANECK RECREATION DEPARTMENT**

## After School Child Care Program



2020-2021

TOWNSHIP OF TEANECK  
RECREATION DEPARTMENT - YOUTH DIVISION  
After School Child Care Program

The After School Child Care Program, held at the Richard Rodda Community Center, operates from school dismissal to 6:00 p.m. Monday thru Friday starting Tuesday, September 8, 2020 and ending Thursday, June 17, 2021. The program follows the Teaneck Public School Calendar including snow days, holidays, vacations, as well as all Municipal holidays. Children may participate all five days or any combination of days during the week; however, no reduction of fee will apply for partial attendance. Transportation will not be provided by the Recreation Department.

**Due to the COVID-19 Pandemic:**

- All children will have their temperature taken prior to entering the classroom each day. Parents **MUST** pick up their child immediately if the child has a fever (100.4 degrees Fahrenheit or higher) or other signs of illness.
- All children **MUST** wear a mask.

The philosophy of the program is to enable the child to foster their self-esteem socially, cognitively, physically and emotionally through age appropriate, supervised activities. Daily activities include time for homework (with staff assistance), sports, free play, arts and crafts and an assortment of board games. We believe that by incorporating all of the mentioned, we encourage independent thinking and cultivate individual talents. Daily snacks are provided. This program is for children grades Kindergarten thru Middle School. **Children Must Be Toilet Trained**. No child will be permitted to enroll in the program if over age thirteen after the date of September 30, 2020.

There is an initial application fee for each child of \$25.00. The application fee is due at the time of registration and is non-refundable.

Register now, by **Mail In or Drop Box** located on the first floor of the Richard Rodda Community Center. Registration for our program is open to residents of Teaneck only.

For your convenience, a check list with all necessary documents to be completed and returned is provided:

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Proof of Residency & Birth Certificate
- \_\_\_\_\_ Signed "Aggressive Behavior Policy" Form
- \_\_\_\_\_ Signed "Expulsion Policy" Form
- \_\_\_\_\_ Complete Immunization History with physician's signature
- \_\_\_\_\_ COVID-19 Waiver
- \_\_\_\_\_ \$25.00 application fee payable to "Township of Teaneck"
- \_\_\_\_\_ First payment payable to "Township of Teaneck"



### Payment Schedule 2020-2021

Date Due	Application Fee	Amount per Child	Sibling	Period Covered
At Registration	\$25.00 (per child)	\$150.00	\$125.00	September 2020
September 1		\$150.00	\$125.00	October 2020
October 1		\$150.00	\$125.00	November 2020
November 1		\$150.00	\$125.00	December 2020
December 1		\$150.00	\$125.00	January 2021
January 1		\$150.00	\$125.00	February 2021
February 1		\$150.00	\$125.00	March 2021
March 1		\$150.00	\$125.00	April 2021
April 1		\$150.00	\$125.00	May 2021
May 1		\$150.00	\$125.00	June 2021

*\$25.00 non-refundable application fee for all participants of After School Program.*

#### **LATE PICK UP FEE:**

There will be a late pickup fee of **\$30.00** per family after 6:15 p.m. Your child will not be permitted to return to the program unless this fee is paid.

**PLEASE NOTE: Payment is due on the first of the month in the Administrative Office.** If payment is not received by the close of business, 5:15 p.m. on the 5th of the month there will be a **\$50.00** non-negotiable late charged assessed per family. **Failure to pay by the 12th of the month will result in your child being automatically suspended from the program until payment is made.**

Monthly payments should be made at the Recreation Department's Administrative Office between the hours of 8:15 a.m. to 5:00 p.m. (Tuesdays until 7:00 p.m.), or can be mailed. We recommend payment be mailed to the Teaneck Recreation Department no later than 3 business days prior to the date to ensure proper processing.

**ALL Checks should be made payable to the "TOWNSHIP OF TEANECK"**



(PLEASE PRINT )

Date \_\_\_\_\_

Application fee non –refundable

TEANECK RECREATION DEPARTMENT  
AFTER SCHOOL CHILD CARE PROGRAM

SEPTEMBER 8, 2020- JUNE 17, 2021



**FOR OFFICE USE ONLY:**

Enrollment Date: \_\_\_\_\_

Proof of Residency \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Immunization Record \_\_\_\_\_

Doctor's Note \_\_\_\_\_

Proof of Health Ins. \_\_\_\_\_

Application Fee \_\_\_\_\_

Check \_\_\_\_ Cash \_\_\_\_\_

First Payment \_\_\_\_\_

Check \_\_\_\_ Cash \_\_\_\_\_

COVID-19 Waiver \_\_\_\_\_

**NAME**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

NICKNAME \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

FATHER CELL # \_\_\_\_\_ MOTHER CELL # \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE AS OF SEPTEMBER 2020 \_\_\_\_\_

EMAIL CONTACT \_\_\_\_\_

\*\*\*\*\*

**FATHER'S NAME** \_\_\_\_\_

EMPLOYER NAME & ADDRESS \_\_\_\_\_

HOURS OF WORK \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

\*\*\*\*\*

**MOTHER'S NAME** \_\_\_\_\_

EMPLOYER NAME & ADDRESS \_\_\_\_\_

HOURS OF WORK \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_ (2) \_\_\_\_\_

**Please supply required information**

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Bus. # \_\_\_\_\_ Bus. # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

Is your child under any medical/physical restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please name \_\_\_\_\_

Has your child been under a doctor's care or hospitalized within the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes \_\_\_\_\_

Is your child allergic to any medication/food/insect stings? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes \_\_\_\_\_

Any special needs that we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain \_\_\_\_\_

As parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the program, except as noted on application.

**\* Center will not administer any medications other than for life threatening illnesses \***

Does your child need a modification because of a disability or special needs to enjoy this program?

Yes or No (*circle one*)

If yes, please explain \_\_\_\_\_

**Pictures** may be taken by a Recreation Department employee to be used for publicity purposes. If you have any questions or concerns please contact the Recreation office in writing.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**I HEREBY GIVE PERMISSION TO HAVE MY CHILD PICKED UP AT THE RECREATION CENTER BY THE FOLLOWING: (ALL AUTHORIZED PERSONS ARE 16 YEARS OR OLDER)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Child's Name \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT**

LIST ANY MEDICAL RESTRICTIONS AND/OR ALLERGIES: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE INDICATE NAME AND PHONE NUMBER OF PERSON TO BE CONTACTED IF PARENT CANNOT BE REACHED: \_\_\_\_\_

NAME OF FAMILY PHYSICIAN \_\_\_\_\_

ADDRESS OF FAMILY PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

**CHILD HEALTH INSURANCE: Company/HMO**

Group Number \_\_\_\_\_ Identification # \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorized the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility under the general or special supervision of licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - (a) Call for emergency first aid assistance/transportation.
  - (b) Call another physician.
  - (c) Have the child transported to an emergency hospital in the company of staff

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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I, the undersigned agree to hold the Township Of Teaneck harmless for any accident, incident, injury or loss of personal property that may occur as a result of my child's participation in this program. With this knowledge, I agree that I will not seek any claims for injury or liability against the Teaneck Recreation Department and/or the Township.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TOWNSHIP OF TEANECK**

**TEANECK RECREATION DEPARTMENT**



**AFTER SCHOOL CHILD CARE PROGRAM**

This serves as a contract between the Teaneck Recreation Department and parent/guardian of

\_\_\_\_\_ enrolled in the After School Child Care Program.

**Child's Name**

I am in receipt of the program dates, guidelines, parent information, and schedule of payment. I fully understand that the program will end on Thursday, June 17, 2021. I further understand that my child/children are to adhere to the specified guidelines of the program and that if timely payments including incurred monthly late fees are not received as indicated on the payment schedule my child/children's enrollment will be suspended and/or expelled from this program.

I have been informed that employees are not permitted to accept any compensation nor tokens of appreciation as this would be a breach in the code of ethics.

\_\_\_\_\_  
Parent/Guardian's Signature      Date

\_\_\_\_\_  
Lisa Skulnik  
Assistant Superintendent of Recreation

# **Township of Teaneck**

## **Liability Waiver**

### **READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in all recreation activities, the undersigned acknowledges, appreciates and agrees that:

1. The risks of injury and illness(ex: communicable diseases such as MRSA, influenza and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I have reviewed and will adhere to all of Governor Murphy's Executive Orders including Executive Order #149, the Center for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for COVID-19 in all respects while using municipal facilities or participating in municipal activities, and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Township of Teaneck, their elected officials, commissioners, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS,
6. DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.



**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**

Student's Name \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Child's Name \_\_\_\_\_

**CHILD'S HEALTH RECORD - School Year 2020-2021**  
**IMMUNIZATIONS AND TESTS**

(Exact dates from certificates signed by physician or official agency)

	<i>Diphtheria Pertussis Tetanus</i>	<i>Polio Vaccine</i>	<i>Measles</i>	<i>Rubella</i>	<i>Varicella</i>	<i>HIB</i>	<i>Hepatitis "B"</i>	<i>Monteux TB</i>
	<i>Date</i>	<i>Date Specify type</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>
<i>1st</i>								
<i>2nd</i>								
<i>3rd</i>								<i>Flu Vaccine Date</i>
<i>1st Booster</i>								
<i>2nd Booster</i>								
<i>3rd Booster</i>								

**EMERGENCY MEDICAL INFORMATION**

Has or is subject to: (check and give details)

\_\_\_\_\_ \*Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting Spells \_\_\_\_\_

\_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Allergy or reaction to medicine, food plant, animals or insect

\_\_\_\_\_ Other condition that may require emergency/special care or knowledge

Explain restrictions or limitations:

**\*If your child has asthma they must have their inhaler with them and know how to use it\*****MEDICAL HISTORY**

Date of most recent physical exam (Month &amp; Year) \_\_\_\_\_

Any current health problems \_\_\_\_\_

Remarks \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Telephone # \_\_\_\_\_

**POLICY ON AGGRESSIVE BEHAVIOR**

Our mandate is to provide a safe environment in all Recreation Department Youth Division programs. Therefore, we have set forth the following policy on aggressive behavior. This policy addresses physical contact between children and/or verbal/physical confrontational behavior of parents.

Any aggressive behavior such as hitting, kicking, punching, play fighting and/or fighting during the program that results in physical altercations will not be tolerated. In addition, any physical/verbal threats of any kind by children or parents will not be tolerated. Any such behavior will be addressed as follows:

First offense	3 day suspension
Second offense	5 day suspension
Third offense	Dismissal from the program

An Aggressive Incident Report form describing aggressive behavior will be presented to keep you informed of any incidents of disciplinary action.

If your child is dismissed from the program, no refunds will be permitted.

We would like you to address this with your child/children to make them understand that physical/verbal aggression is not the solution to any problem and will not be tolerated.

We thank you in advance for your cooperation. If you have any questions you may call the Assistant Superintendent of Recreation, Youth and Senior Divisions at 201-837-7130 ext. 7010. Please sign below and return this letter to us.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**NAME OF CENTER:** Township of Teaneck – After School Child Care Center**NAME OF CHILD:**  

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**SIGNATURE OF PARENT:**  

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Unfortunately, there are sometime reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

**IMMEDIATE CAUSES FOR EXPULSION**

- The child is at risk of causing serious injury to other children or himself/herself
- Parent threatens physical or intimidating actions toward staff members
- Parent exhibits verbal abuse to staff in front of enrolled children

**PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Verbal abuse to staff
- Other (explain)

**CHILD'S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting
- Other (explain)

**SCHEDULE OF EXPULSION**

- If after the remedial actions above have not worked, the child's parent/guardian will be advise verbally and in writing about the child's or parent's behavior warranting expulsion. And expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.

- The parent/guardian will be informed about the expected behavioral changes required  
In order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent  
sufficient time to seek alternate child care (approximately one to two weeks' notice,  
depending on the risk to other children's welfare or safety).
- Failure of the child/parent to satisfy the terms of the plan may result in permanent  
expulsion from the center.

**A CHILD WILL NOT BE EXPELLED**

- If a child's parent(s):
  - ◊ Made a complaint to the Office of Licensing regarding a center's alleged  
violations of the licensing requirements.
  - ◊ Reported abuse or neglect occurring at the center.
  - ◊ Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

**PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION**

- Staff will try to redirect the child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead  
to expulsion.
- The director, classroom staff, and parent/guardian will have a conference(s) to discuss  
how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving  
behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by the local school district child study team.